

Montgomery County Government **Group Life Insurance Benefits**

Term Life, Accidental Death and Dismemberment
and Business Trip Accidental Death and Dismemberment
Choice Plan

SOURCE OF BENEFITS

The Term Life, Accidental Death and Dismemberment and Business Trip Accidental Death and Dismemberment Insurance is provided under a Group policy issued by The Prudential Insurance Company of America.

For simplicity, the benefits have been described in a rather general manner in this booklet. The extent of the coverage for each individual is governed at all times by the terms of the Group Policies.

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Outline of Benefits for Coverages Applying to Full-time Employees

Basic Employee Term Life Insurance

200% of your Basic Annual Earnings will be paid at your death to your named beneficiary.

Maximum Payable - \$200,000.

Basic Employee Accidental Death and Dismemberment Insurance

For death resulting from an accidental bodily injury sustained in the performance of County employment—800% of your Basic Annual Earnings will be paid to your named beneficiary.

For death resulting from an accidental bodily injury which is not the result of an injury sustained in the performance of County employment—400% of your Basic Annual Earnings will be paid to your named beneficiary.

Lesser amounts may be payable for certain dismemberments resulting from accidental bodily injury.

Employee Business Trip Accidental Death and Dismemberment Insurance

For death resulting from an accident while traveling in a common carrier
during a business trip\$100,000

For death resulting from an accident during a business trip other than
while traveling in a common carrier.....\$ 50,000

Lesser amounts may be payable for certain dismemberments resulting from accidental bodily injury occurring during a business trip.

Optional Employee Term Life and Accidental Death and Dismemberment Insurance

Additional 100%, 200%, or 300% of your Basic Annual Earnings.

Includes equal amounts of Accidental Death and Dismemberment Insurance.

Optional Dependent Term Life Insurance (Optional)

If elected, a benefit will be paid to you at the death of your covered dependent.

The benefit amount is as follows:

Covered Spouse.....	\$2,000
Covered Children under 6 months.....	\$ 100
6 months but under 21 years (unmarried).....	\$1,000

IMPORTANT NOTE: This chart is intended as a brief outline of the benefits available under the Coverages shown above. For full details of the benefits, including any exclusions and limitations, refer to the benefit descriptions appearing in this Booklet and the Certificate of Insurance.

Outline of Benefits for Coverages Applying to Part-time Employees

Basic Employee Term Life Insurance

100% of your Basic Annual Earnings will be paid at your death to your named beneficiary.

Maximum Payable - \$100,000.

Employee Accidental Death and Dismemberment Insurance

For death resulting from an accidental bodily injury sustained in the performance of County employment—400% of your Basic Annual Earnings will be paid to your named beneficiary.

For death resulting from an accidental bodily injury which is not the result of an injury sustained in the performance of County employment—200% of your Basic Annual Earnings will be paid to your named beneficiary.

Lesser amounts may be payable for certain dismemberments resulting from accidental bodily injury. See pages 5 and 6 for details.

Employee Business Trip Accidental Death and Dismemberment Insurance

For death resulting from an accident while traveling in a common carrier during a business trip\$100,000

For death resulting from an accident during a business trip other than while traveling in a common carrier.....\$ 50,000

Lesser amounts may be payable for certain dismemberments resulting from accidental bodily injury occurring during a business trip.

Optional Employee Term Life and Accidental Death and Dismemberment Insurance

Additional 100%, 200%, or 300% of your Basic Annual Earnings.

Includes equal amounts of Accidental Death and Dismemberment Insurance.

Dependent Term Life Insurance (Optional)

A benefit will be paid to you at the death of your covered dependent.

The benefit amount is as follows:

Covered Spouse.....	\$2,000
Covered Children under 6 months.....	\$ 100
6 months but under 21 years (unmarried).....	\$1,000

IMPORTANT NOTICE: This chart is intended as a brief outline of the benefits available under the Coverages shown above. For full details of the benefits, including any exclusions and limitations, refer to the benefit descriptions appearing in this Booklet and the Certificate of insurance.

SECTION I ELIGIBILITY

ELIGIBILITY FOR THE GROUP LIFE INSURANCE BENEFITS UNDER THE CHOICE PLAN

The benefits described in this Booklet apply only to Employees who are eligible for the Choice Plan. Refer to your Summary Plan Description of the Choice Plan for eligibility.

WHEN YOUR COVERAGE BEGINS

BECOMING ELIGIBLE

You are eligible for coverage on the day you become employed by Montgomery County.

BECOMING COVERED

You are covered for Basic Life Insurance on the day you become eligible.

If you enroll for the optional coverages on or before the day you become eligible, you will be covered on the day you become eligible by completing an enrollment form. If you elect to enroll for optional coverages within 31 days after you become eligible, you will be covered on the day that you enroll and complete the enrollment form.

Should you decide to enroll after the 31st day, you will be required to provide satisfactory evidence of good health to Prudential.

POSTPONEMENT OF COVERAGE

If you are not in Active Service on the day your coverage would normally become effective, benefits for you and your family members will be postponed until the day you return to Active Service.

SECTION II

BASIC LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE AND BUSINESS TRIP ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

TERM LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT SCHEDULE OF BENEFITS

For Full-time Employees

Life Insurance

Each Employee who is full-time and less than 65 years of age

AMOUNT OF INSURANCE

An amount equal to 200% of the Employee's Basic Annual Earnings, rounded to the next higher multiple of \$1,000 if not already a multiple thereof, subject, however, to a maximum of 200,000.

Accidental Death and Dismemberment Insurance:

Each Employee who is full-time and less than 65 years of age as follows:

If the loss suffered is the direct result of an accidental bodily injury sustained in the performance of County Employment

An amount equal to 800% of the Employee's Basic Annual Earnings, rounded to the next higher multiple of \$1,000 if not already a multiple thereof, subject, however, to a maximum of \$600,000.

Effective January 1, 2003, for full-time IAFF bargaining unit members under the age of 65, if your combined amount of Life Insurance and Accidental Death and Dismemberment Insurance is less than \$500,000, and the loss suffered is the direct result of an accidental bodily injury sustained in the performance of County Employment, your amount of Accidental Death and Dismemberment Insurance will be increased so that the combined amount of Life Insurance and Accidental Death and Dismemberment Insurance is \$500,000.

If the loss suffered is not the direct result of an accidental bodily injury sustained in the performance of County Employment

An amount equal to 400% of the Employee's Basic Annual Earnings, rounded to the next higher multiple of \$1,000 if not already a multiple thereof, subject, however, to a maximum of \$300,000.

TERM LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT SCHEDULE OF BENEFITS For Part-time Employees

Life Insurance:	AMOUNT OF INSURANCE
Each Employee who is a part-time employee and less than 65 years of age	An amount equal to 100% of the Employee's Basic Annual Earnings, rounded to the next higher multiple of \$1,000 if not already a multiple thereof, subject, however, to a maximum of \$100,000. Accidental Death and Dismemberment Insurance:
Each Employee who is Part-time Employee and less than 65 years of age as follows:	
If the loss suffered is the direct result of an accidental bodily injury sustained in the performance of County Employment	An amount equal to 400% of the Employee's Basic Annual Earnings, rounded to the next higher multiple of \$1,000 if not already a multiple thereof, subject, however to a maximum of \$300,000.
If the loss suffered is not the direct result of an accidental bodily injury sustained in the performance of County Employment	An amount equal to 200% of the Employee's Basic Annual Earnings, rounded to the next higher multiple of \$1,000 if not already a multiple thereof, subject, however to a maximum of \$150,000.

CHANGES IN AMOUNTS OF INSURANCE

LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

Any change in the Amount of Insurance or principal sum on an employee due to a change in his occupational classification or Basic Annual Earnings will be effective on the date of the change in occupational classification or Basic Annual Earnings.

Any increase in the Amount of Insurance or principal sum on an Employee who is not in Active Service on the date his amount of Life Insurance or principal sum would otherwise be increased will not be effective until the day he returns to Active Service.

The amount of Life and Accidental Death and Dismemberment Insurance on any Employee will be reduced on his 65th birthday to 65% of the amount for which he was insured on the day prior to his 65th birthday.

TERM LIFE INSURANCE

For You

DEATH BENEFIT

The amount of your Life Insurance, as determined from the Schedule of Benefits, will be paid to your beneficiary in the event of your death while insured. Arrangements may be made to have the proceeds of the insurance paid in installments.

BENEFICIARY DESIGNATION

You may name anyone you wish as your beneficiary and you may change this designation at any time. If your beneficiary is not living when your life Insurance becomes payable, payment will be made according to the terms of the Group Policy.

PRIVILEGE OF CONVERTING TO AN INDIVIDUAL POLICY

If some or all of your Group Life Insurance terminates because of termination of employment, retirement, transfer to an ineligible class or cancellation of the Group Policy, you may convert to an individual life insurance policy by making application and the first premium payment to Prudential within 31 days of termination of such insurance. No medical evidence of insurability will be required. Contact the Office of Human Resources for the appropriate forms.

Except as stated in the following paragraph, if you exercise this privilege of converting to an individual policy, the conversion will be in place of all other benefits to which you may be entitled under the Group Life Insurance Policy.

PAYMENT DURING THE 31-DAY CONVERSION PERIOD

If you die during the 31-day period in which you are entitled to convert your Life Insurance to an individual policy, whether or not application for the individual policy or payment of the first premium has been made, Prudential will pay to your beneficiary the amount of Life Insurance which you were entitled to convert, and any conversion premiums that have been paid, and no payment will be made under any individual policy that may have been issued.

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

For You

ACCIDENT BENEFIT

Your Accidental Death and Dismemberment Insurance will be payable as shown below if the following conditions are met: (1) you are accidentally injured while insured, (2) you suffer a loss within 90 days after the accident, and (3) the loss is a direct result of injuries received in the accident.

	As Determined from the Schedule of Benefits
Loss of Life	The entire amount (Paid to your beneficiary)
Loss of both hands, both feet, the sight of both eyes, or any combination of these	The entire amount (Paid to you)
Loss of one hand, one foot, or the sight of one eye	One-half the amount (paid to you)

Loss of hand or foot means loss by severance at or above the wrist or ankle, and loss of sight means entire and irrecoverable loss of sight.

If you suffer more than one loss in any one accident, the total amount payable will not exceed the full amount of the Accidental Death and Dismemberment Insurance determined from the Schedule of Benefits.

LIMITATIONS

No benefits will be paid for any loss resulting from suicide or intentionally self-inflicted injury while sane or insane, infection (except pus-forming infections resulting from an accidental cut or wound), disease, war or any act of war.

BUSINESS TRIP ACCIDENTAL DEATH AND DISMEMBERMENT

SCHEDULE OF BENEFITS

Benefits for You

AMOUNT OF BUSINESS TRIP ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE AS FOLLOWS:

	Amount
For loss of life other than loss of life as a result of an accident occurring while traveling in a common carrier	\$ 50,000
For loss of life as a result of an accident occurring while traveling in a common carrier	\$100,000
For loss of one hand by severance at or above the wrist	\$ 25,000
For loss of one foot by severance at or above the ankle	\$ 25,000
For loss of the sight of one eye entirely and irrecoverably	\$ 25,000
For loss of both hands, both feet, sight of both eyes, or more than one of the above in any one accident	\$ 50,000

BUSINESS TRIP ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

For You

ACCIDENT BENEFITS

Your Business Trip Accidental Death and Dismemberment Insurance will be payable as shown below if the following conditions are met: (1) you are accidentally injured while insured and on a Business Trip, (2) you suffer a loss within 90 days after the accident, and (3) the loss is a direct result of injuries received in the accident.

The amount, as determined from the Schedule of Benefits, will be paid as follows:

Loss of life	(Paid to your beneficiary)
Loss of both hands, both feet, the sight of both eyes, or any combination of these	(Paid to you)
Loss of one hand, one foot, or the sight of one eye	(Paid to you)

Loss of hand or foot means loss by severance at or above the wrist or ankle, and loss of sight means entire and irrecoverable loss of sight.

If you suffer more than one loss in any one accident, the total amount payable will not exceed the full amount of the Business Trip Accidental Death and Dismemberment Insurance determined from the Schedule of Benefits.

LIMITATIONS

No benefits will be paid for any loss resulting from suicide or intentionally self-inflicted injury while sane or insane, infection (except pus-forming infections resulting from an accidental cut or wound), disease, or war or any act of war.

SECTION III
OPTIONAL TERM LIFE
AND
ACCIDENTAL DEATH AND
DISMEMBERMENT INSURANCE

OPTIONAL TERM LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT SCHEDULE OF BENEFITS

For Full-time and Part-time Employees

Optional Life Insurance*	AMOUNT OF INSURANCE
For Employees enrolled in Option I	An amount equal to 100% of the Employee's Basic Annual Earnings, rounded to the next higher multiple of \$1,000 if not already a multiple thereof, subject, however, to a maximum of \$300,000.
For Employees enrolled in Option II	An amount equal to 200% of the Employee's Basic Annual Earnings, rounded to the next higher multiple of \$1,000 if not already a multiple thereof, subject, however, to a maximum of \$300,000.
For Employees enrolled in Option III	An amount equal to 300% of the Employee's Basic Annual Earnings, rounded to the next higher multiple of \$1,000 if not already a multiple thereof, subject, however, to a maximum of \$300,000.

*Optional Term Life Insurance terminates at the earlier of retirement or age 70, except as specified otherwise in collective bargaining agreements.

Optional Accidental Death and Dismemberment Insurance:**

Benefit Amounts	An amount equal to the amount for which you are insured for Optional Life Insurance under the Optional Term Life Coverage. For this purpose, that amount will be the amount as determined above.
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**Optional Accidental Death and Dismemberment Insurance terminates at the earlier of Retirement or age 70.

CHANGES IN AMOUNTS OF INSURANCE

LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

Any change in the Amount of Insurance or principal sum on an employee due to a change in his occupational classification or Basic Annual Earnings will be effective on the date of the change in occupational classification or Basic Annual Earnings.

Any increase in the Amount of Insurance or principal sum on an Employee who is not in Active Service on the date his amount of Life Insurance or principal sum would otherwise be increased will not be effective until the day he returns to Active Service.

MEDICAL EVIDENCE REQUIREMENTS

Satisfactory medical evidence will be required as follows:

- You fail to elect optional life insurance within 31 days of your hire date and later wish to do so.
- You currently have 1 or 2 times your basic annual earnings in optional life insurance and later wish to increase your amount of coverage to a higher multiple of basic annual earnings than that which you currently carry (except as provided for changes made within 31 days of marriage, divorce, death of a spouse or birth or adoption of a child).
- You are enrolled in optional life insurance and your basic annual earnings increase in excess of 25% in a 12 month period.
- You are not currently enrolled in optional life insurance and later wish to elect or re-elect optional life insurance.

OPTIONAL TERM LIFE INSURANCE

For You

DEATH BENEFIT

The amount of your Life Insurance, as determined from the Schedule of Benefits, will be paid to your beneficiary in the event of your death while insured. Arrangements may be made to have the proceeds of the insurance paid in installments.

BENEFICIARY DESIGNATION

You may name anyone you wish as your beneficiary and you may change this designation at any time. If your beneficiary is not living when your life Insurance becomes payable, payment will be made according to the terms of the Group Policy.

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

For You

ACCIDENT BENEFIT

Your Accidental Death and Dismemberment Insurance will be payable as shown below if the following conditions are met: (1) you are accidentally injured while insured, (2) you suffer a loss within 90 days after the accident, and (3) the loss is a direct result of injuries received in the accident.

	As Determined from the Schedule of Benefits
Loss of Life	The entire amount (Paid to your beneficiary)
Loss of both hands, both feet, the sight of both eyes, or any combination of these	The entire amount (Paid to you)
Loss of one hand, one foot, or the sight of one eye	One-half the amount (paid to you)

Loss of hand or foot means loss by severance at or above the wrist or ankle, and loss of sight means entire and irrecoverable loss of sight.

If you suffer more than one loss in any one accident, the total amount payable will not exceed the full amount of the Accidental Death and Dismemberment Insurance determined from the Schedule of Benefits.

LIMITATIONS

No benefits will be paid for any loss resulting from suicide or intentionally self-inflicted injury while sane or insane, infection (except pus-forming infections resulting from an accidental cut or wound), disease, war or any act of war.

SECTION IV

**DEPENDENT TERM LIFE INSURANCE
(OPTIONAL)**

DEPENDENT TERM LIFE INSURANCE

(Optional)

SCHEDULE OF BENEFITS

DEATH BENEFITS

The amount of your family members' Life Insurance as shown below will be paid to you in the event of death from any cause while this insurance is in effect.

Eligible Spouse.....	\$2,000
Unmarried children under 21 years of age:	
under 6 months	\$ 100
6 months but under 21 years	\$1,000

For Your Family Members

SPOUSE'S PRIVILEGE OF CONVERTING TO AN INDIVIDUAL POLICY

A spouse whose Life Insurance terminates because you terminate your employment, you die, you cease to be in a class eligible for such insurance, or because the Group Policy is discontinued, may be able to convert his/her Life Insurance to an individual policy of life insurance. The terms and conditions under which a spouse's conversion can be made are described in the Group Policy.

PAYMENT DURING THE 31-DAY CONVERSION PERIOD

If your spouse dies during the 31-day period in which he/she is entitled to convert his/her Life Insurance, whether or not application for the individual policy or payment of the first premium has been made, Prudential will pay to you the amount of Life Insurance which he/she was entitled to convert, and any conversion premiums that have been paid, and no payment will be made under any individual policy that may have been issued.

SECTION V

GENERAL PROVISIONS

DEFINITIONS

ACTIVE SERVICE

You will be considered to be in Active Service if you are performing, in the customary manner and on a full time or part time basis, all the regular duties of your employment at one of the County's business establishments, or at a place the County requires you to travel on business on a day that is one of your scheduled work days.

BASIC ANNUAL EARNINGS

The term Basic Annual Earnings means your total County salary, excluding overtime, for your normal work week.

BUSINESS TRIP

You will be considered to be on a business trip while you are on an assignment authorized by your employer, at the expense of the employer and primarily devoted to furthering the employer's business interests, but not while you are engaging in any activity in connection with a vacation or leave of absence. You will be considered to be on a business trip if your assignment does not require you to travel beyond the corporate limits of Montgomery County, Maryland.

A business trip will be considered to begin when you leave your permanent residence or when you leave your regular place of employment, whichever occurs later, for the purpose of a business trip. The business trip will be considered to end when you arrive at your permanent residence or when you arrive at your regular place of employment, whichever occurs earlier. You will not be considered on a business trip while you are traveling between your permanent residence and your regular place of employment.

EMPLOYEE

You will be considered an Employee if you are a full-time or part-time employee eligible for the Choice Plan. If you work on a temporary basis, you will not be considered an Employee under any circumstances. For Long Term Disability Insurance you will be considered an Employee only if you work full time for the County.

**SECTION VI
TERMINATION
OF
COVERAGE**

TERMINATION OF COVERAGE

Your Plan will terminate on the earliest of the following events:

1. When you cease to be in a class of eligible Employees or cease to qualify as an Employee;
2. the Group Policies terminate;
3. you fail to make any required contribution;
4. you leave Active Service, except as provided in the following paragraph.

If your Active Service terminates because of injury, sickness, temporary lay-off or leave of absence, the County may continue part or all of your coverage. Contact your Office of Human Resources for this information.

The coverage for a family member will terminate when your coverage terminates, when you fail to make the required contribution for family member coverage, or when the family member is no longer eligible, whichever happens first.

MONTGOMERY COUNTY GOVERNMENT

CHOICE PLAN

Employee Term Life Coverage

Accidental Death and Dismemberment Coverage

Business Trip Accidental Death and Dismemberment

Prudential  **Financial**

